

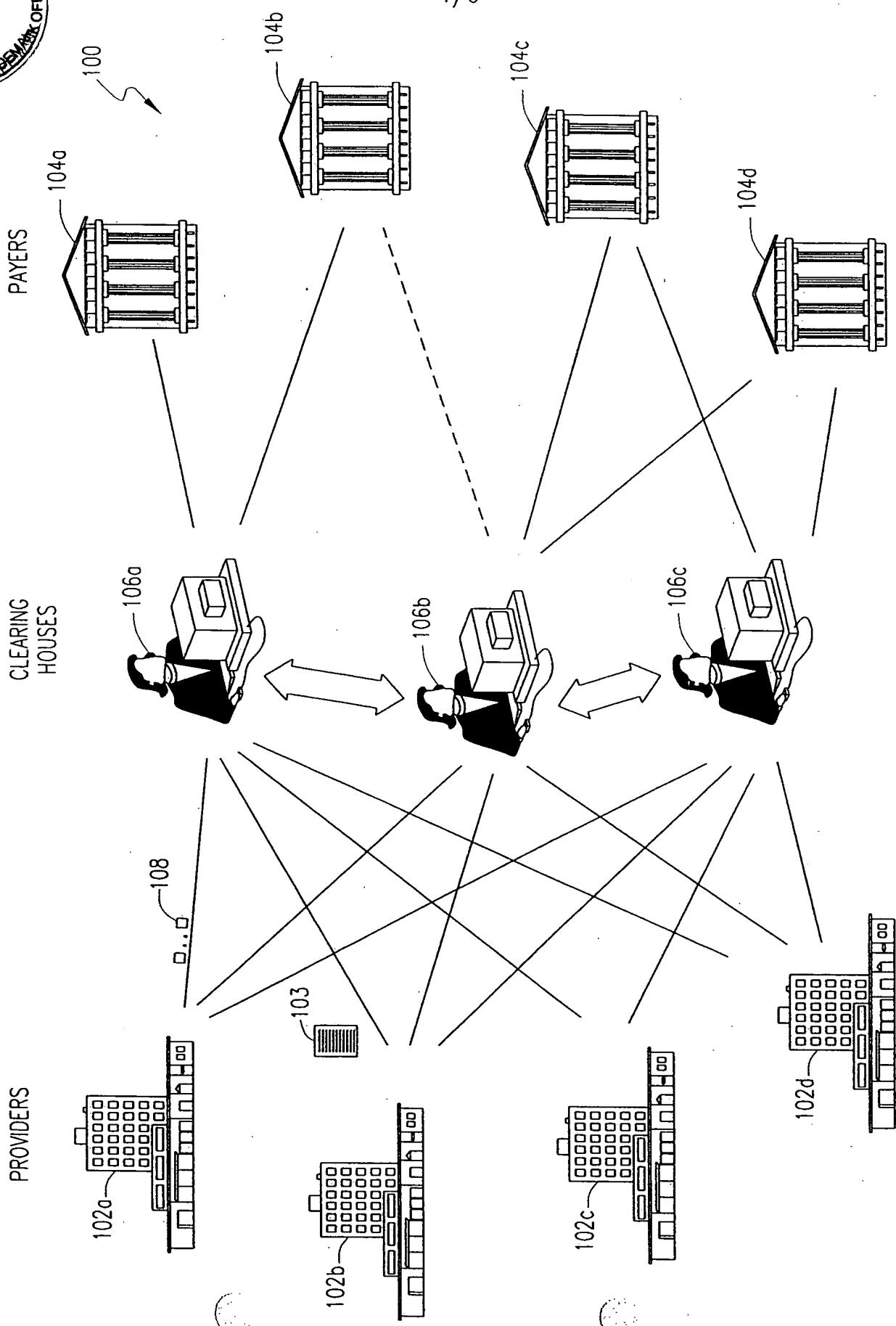
REPLACEMENT SHEET

1	2		3 PATIENT CONTROL NO.		4 TYPE OF BILL	
			3		4	
	5 FED TAX NO.		6 STATEMENT PERIOD FROM		7 COV D. THROUGH	
	5		6		7	
12 PATIENT NAME	12	13 PATIENT ADDRESS		13		13
14 BIRTHDATE	15	16 M/S	ADMISSION		21 D/JR	22 STAT
	SEX		17 DATE	18 HR	19 TYPE	20 SRC
14	15	16	17	18	19	20
32 OCCURRENCE	33 OCCURRENCE		34 OCCURRENCE		35 OCCURRENCE	36 OCCURRENCE SPAN
	CODE	DATE	CODE	DATE	CODE	FROM THROUGH
	32		33		34	A B
42 REV. CO.	43 DESCRIPTION		44 HCPCS/RATES		45 SERV. DATE	46 SERV UNITS
42	43		44		45	46
50 PAYER	51 PROVIDER NO.		52 REL		53 ASO	54 PRIOR PAYMENTS
50	51		52		53	54
57	DUE FROM PATIENT		OTHER DIAG. CODES		47 TOTAL CHARGES	
58 INSURED'S NAME	59 P. REL		60 CERT. SSN. HIC. ID NO..		48 NON-COVERED CHARGES	
58	59		60		49	
63 TREATMENT AUTHORIZATION CODES	64 ESC		65 EMPLOYER NAME		50 EST. AMOUNT DUE	
63	64		65		56	
67 PRIN.DIAG.CO.	'8 CODE		69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE		61 GROUP NAME 62 INSURANCE GROUP NO.	
67	68		69		60	
79 P.C.	80 PRINCIPAL PROCEDURE CODE		81 OTHER PROCEDURE CODE		63 EMPLOYER LOCATION	
79	80		81		66	
84 REMARKS					77 E-CODE	
					78	
					78	
					78	
					82 ATTENDING PHYS. ID.	
					83. OTHER PHYS. ID.	
					83	
					84. PROVIDER REPRESENTATIVE	
					85. PROVIDER DATE	

FIGURE 1A



REPLACEMENT SHEET



REPLACEMENT SHEET

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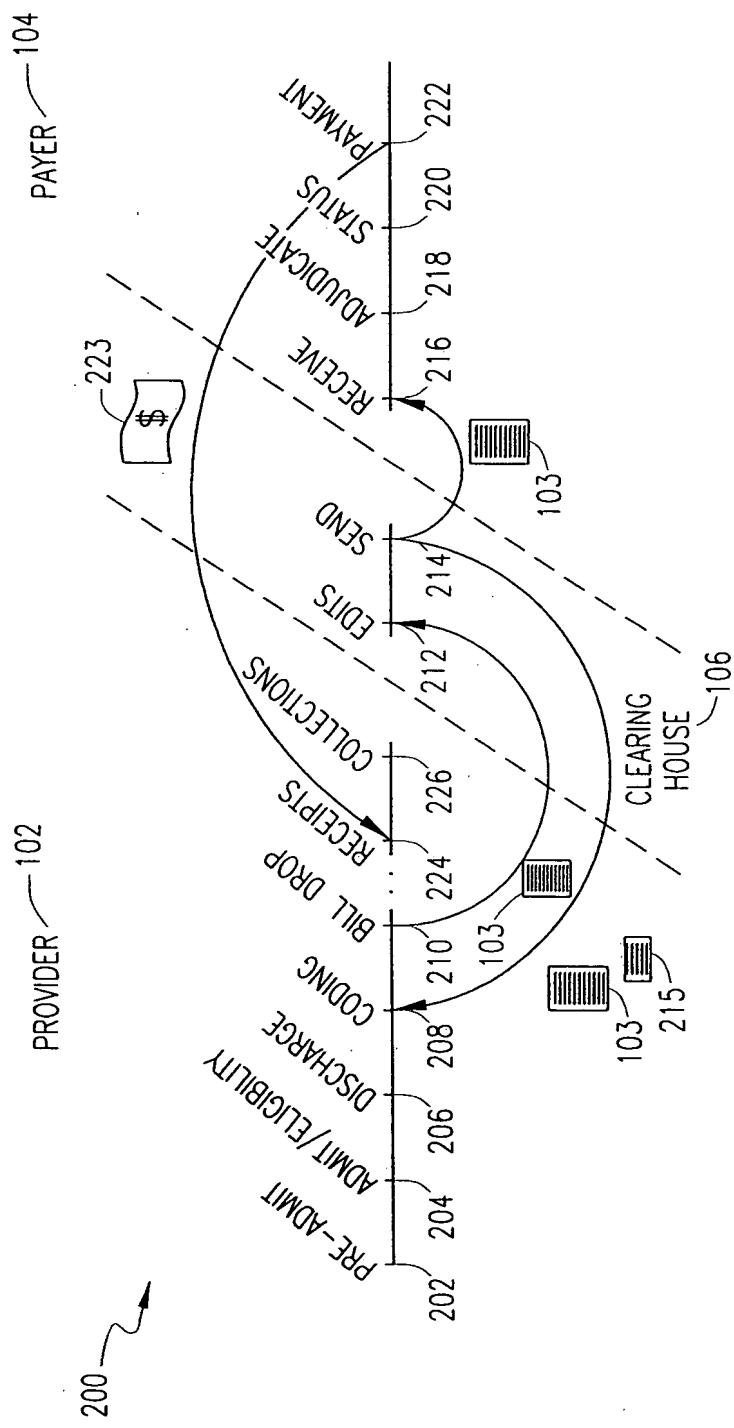
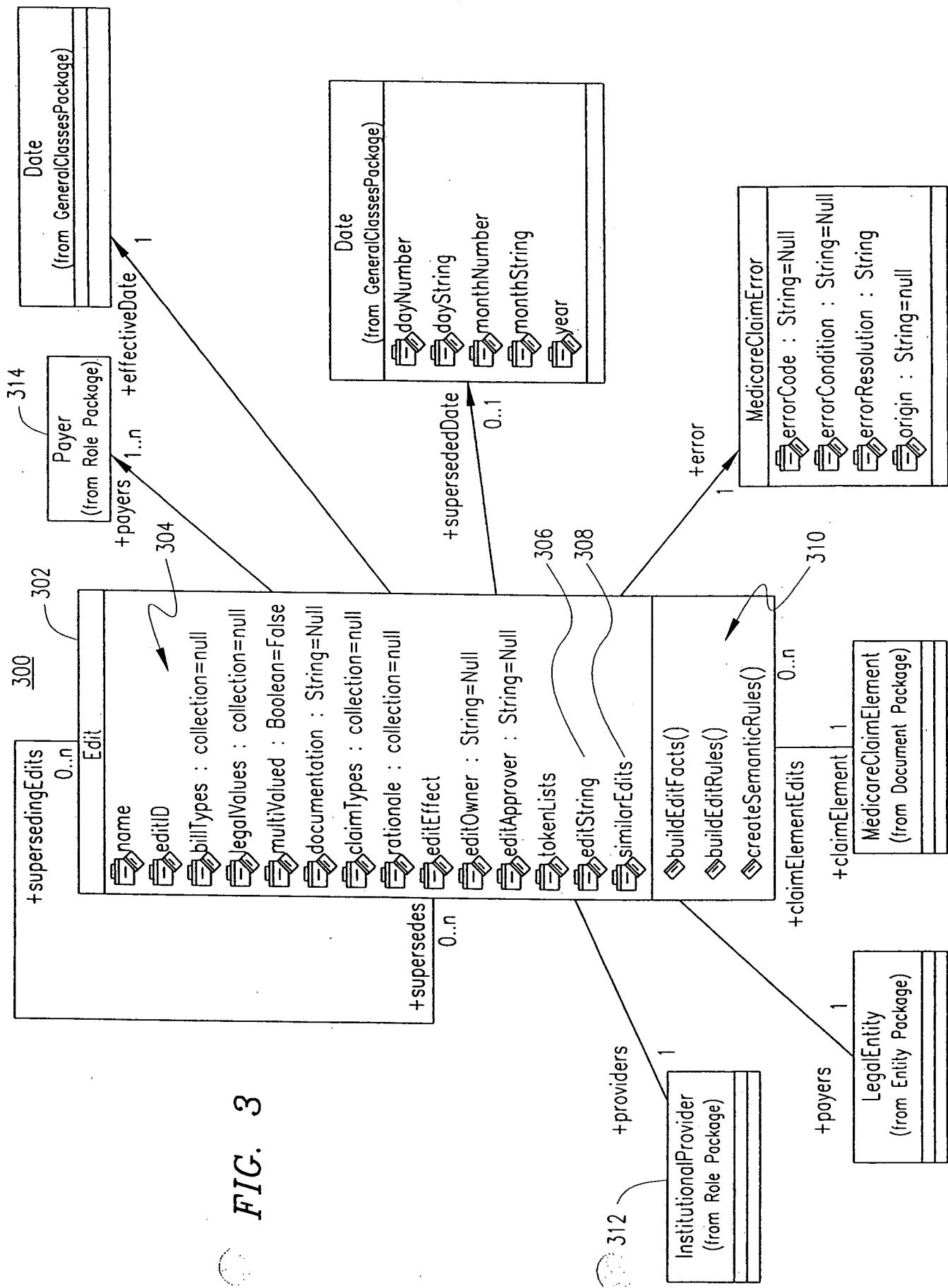


FIG. 2

REPLACEMENT SHEET

FIG. 3



REPLACEMENT SHEET

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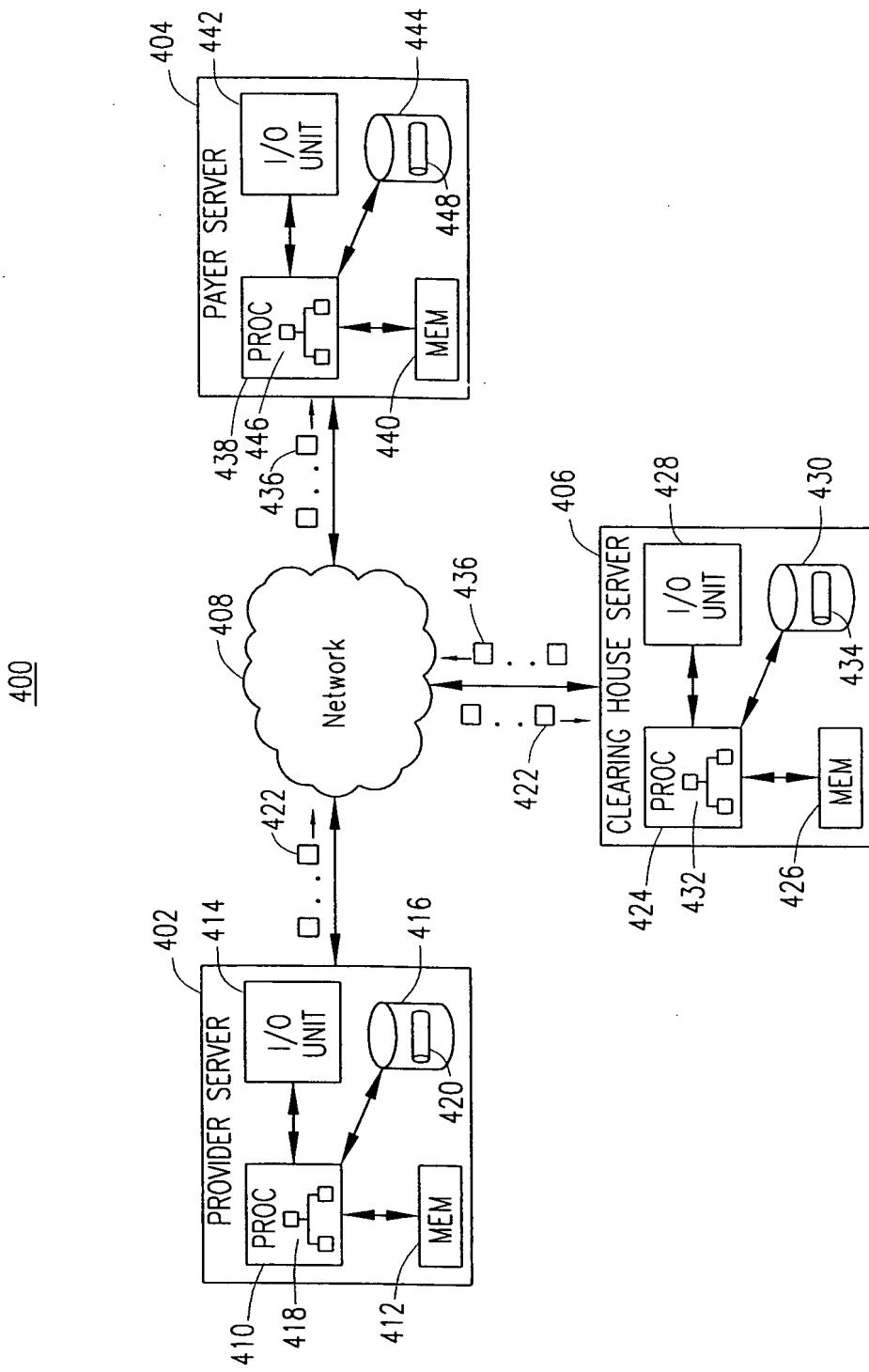


FIG. 4

REPLACEMENT SHEET

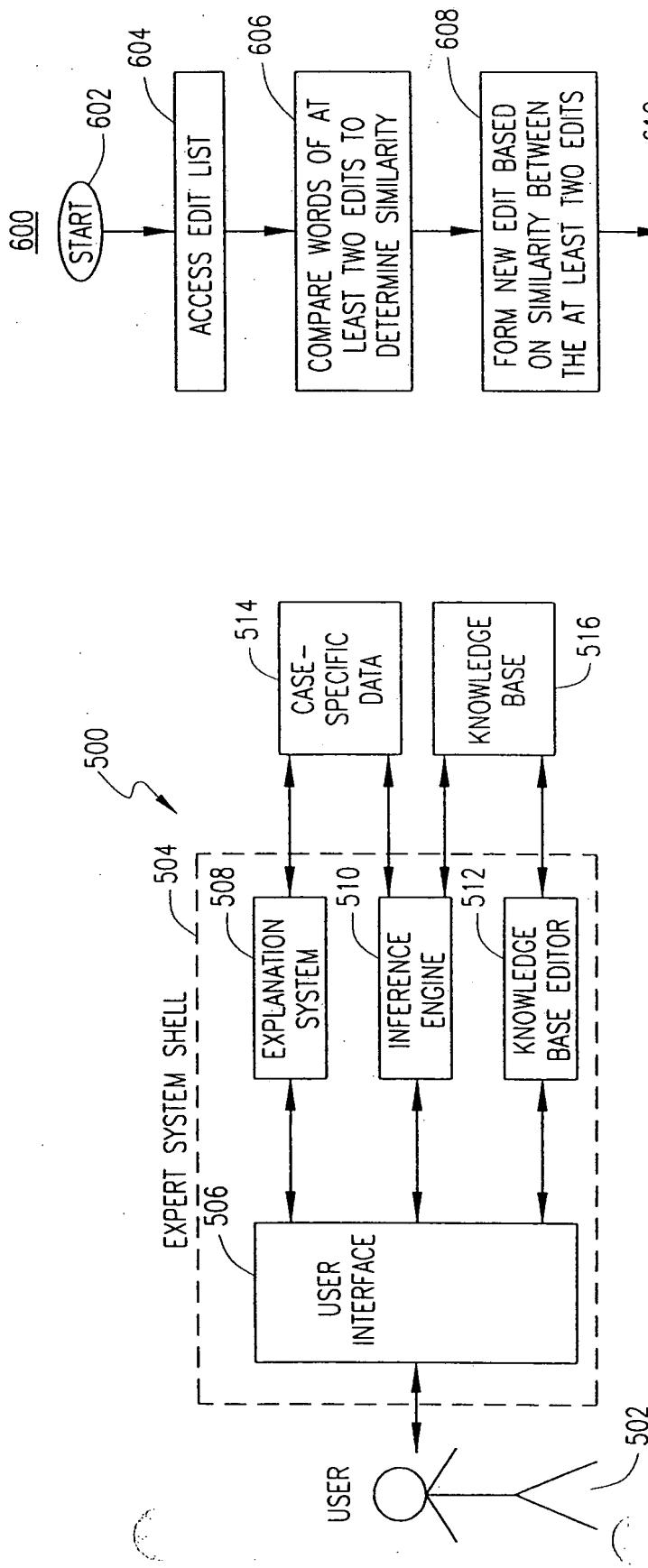


FIG. 5

FIG. 6

REPLACEMENT SHEET

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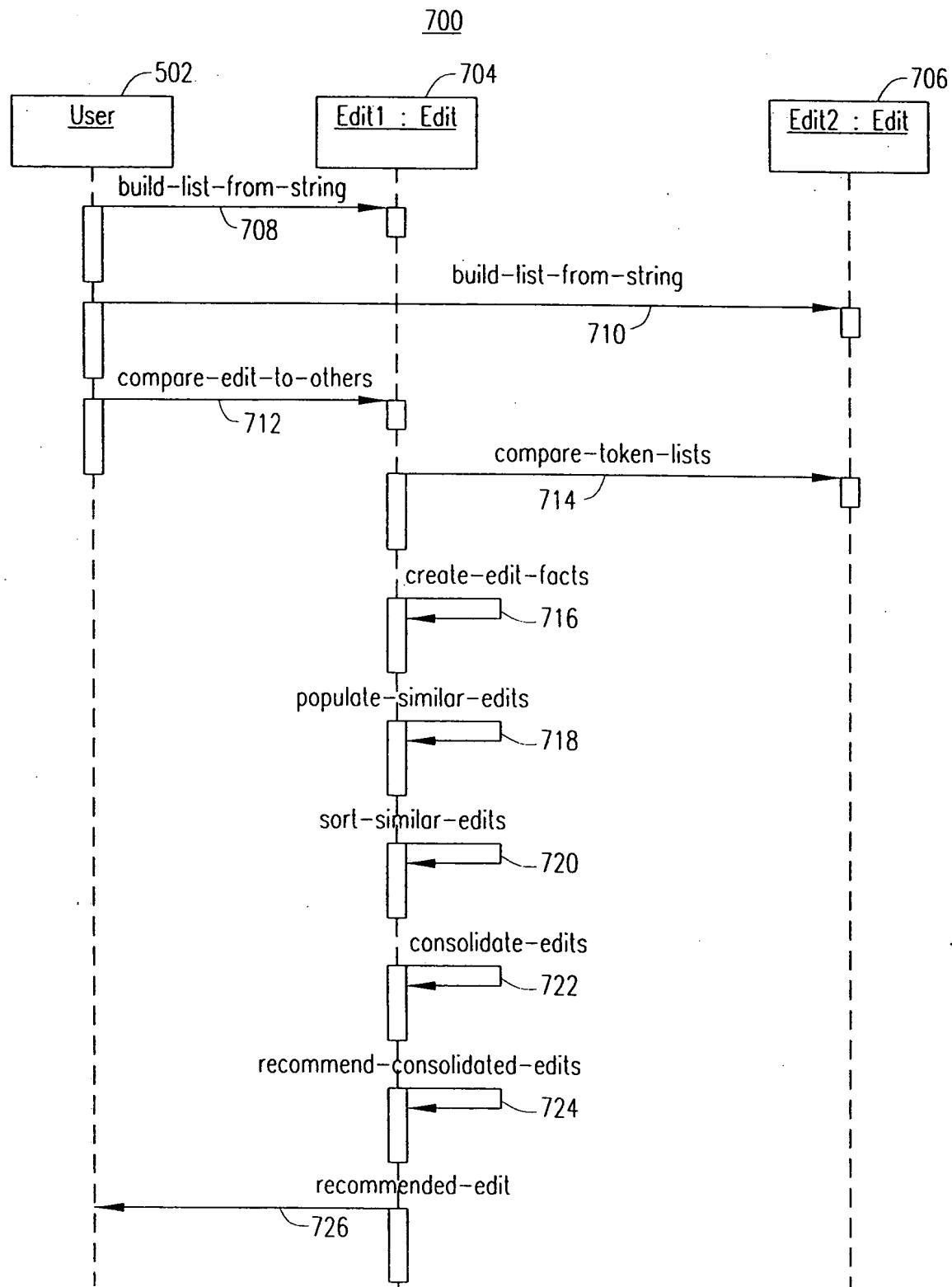


FIG. 7